FAIRBORN
A CITY IN MOTION

City of Fairborn
44 West Hebble Avenue
Fairborn Ohio 45324

Direct Dial: (937) 754-3030
FAX: (937) 754-3199

PUBLIC RECORDS REQUEST FORM

Office Use Only
CONTROL NUMBER

ATTENTION REQUESTOR: To expedite your request for City records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed, and three requested items per form. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the City. Public Records staff is available to assist you in identifying those records in the City's possession. The City is not required by law to create a new record or list from an existing record.

REQUESTOR INFORMATION

NAME:	DATE:
COMPANY:	
MAILING ADDRESS:	EMAIL:
CITY:	STATE: ZIP CODE:
PHONE NUMBER:	FAX NUMBER:

REQUESTED RECORDS

☐ City Manager's Office	☐ Ordinances or Resolutions	☐ Sewer Department
☐ Council Minutes	☐ Parks	☐ Street Department
☐ Engineering Department	☐ Personnel Records	☐ Utility Billing Department
☐ Finance Department	☐ Planning Department	☐ Water Department
☐ Fire Department	☐ Police Department	☐ Other (describe below or on additional pages):

TIME PERIOD OF DOCUMENTS REQUESTED   From: To:

Direct cost of duplication: $.05 per page for paper copies, $1.00 per copied CDs. Requestor may supply a CD at no-charge. Transfer of gathered electronic records onto CD will be in PDF format.

I wish to inspect the requested records, where applicable, and do not want copies produced at this time.
I request that the City contact me prior to copying the requested records if the cost exceeds $20.00.
I would like copies of the requested records and I hereby agree to reimburse the City for the direct cost of duplicating the requested records.
I would like an email with digital files/download of a _____
zipped folder with link.   Signature of Requestor

Note: A written request is NOT mandatory and the requestor may decline to reveal their identity or use of the material.

DEPARTMENT ACTION (For internal Use ONLY)

(Rev. 7/09)